Billing Code 4165-15

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval;

Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to <u>OIRA_submission@omb.eop.gov</u> or by fax to 202-395-5806.

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FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

SUPPLEMENTARY INFORMATION: Information Collection Request Title: Data System for Organ Procurement and Transplantation Network OMB No. 0915-0157– Revision

Abstract: Section 372 of the Public Health Service (PHS) Act requires that the Secretary, by contract, provide for the establishment and operation of an Organ Procurement and Transplantation Network (OPTN). This is a request for revisions to current OPTN data collection forms associated with donor organ procurement and an individual's clinical characteristics at the time of registration, transplant, and follow-up after the transplant.

Need and Proposed Use of the Information: Data for the OPTN data system are collected from transplant hospitals, organ procurement organizations, and tissue-typing laboratories. The information is used to indicate the disease severity of transplant candidates, to monitor compliance of member organizations with OPTN rules and requirements, and to report periodically on the clinical and scientific status of organ donation and transplantation in this country. Data are used to develop transplant, donation and allocation policies, to determine whether institutional members are complying with policy, to determine member-specific performance, to ensure patient safety, and to fulfill the requirements of the OPTN Final Rule. The practical utility of the data collection is further enhanced by requirements that the OPTN data must be made available, consistent with applicable laws, for use by OPTN members, the

Scientific Registry of Transplant Recipients, the Department of Health and Human Services, and members of the public for evaluation, research, patient information, and other important purposes.

Likely Respondents: Transplant programs, organ procurement organizations, histocompatibility laboratories, medical and scientific organizations, and public organizations.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden - Hours

		N1		A	
		Number of		Average	
		Responses		Burden per	Total
	Number of	per	Total	Response	Burden
Form Name	Respondents	Respondent	Responses	(in hours)	Hours
Deceased Donor					
Registration	58	158.2	9174	1.1	10091.4
Living Donor					
Registration	296	20.2	5984	1.8	10771.2
Living Donor					
Follow-up	296	59.5	17610	1.3	22893.0
Donor					
Histocompatibility	154	94.8	14598	0.2	2919.6
Recipient	154	170.1	26199	0.4	10479.6

Histocompatibility					
Heart Candidate					
Registration	131	30.5	3991	0.9	3591.9
Heart Recipient					
Registration	131	19.3	2525	1.4	3535.0
Heart Follow Up	121	17.0	2220	0.4	901.6
(6 Month)	131	17.0	2229	0.4	891.6
Heart Follow Up	131	73.9	9683	0.9	8714.7
(1-5 Year)	131	73.9	9003	0.9	6/14./
Heart Follow Up	131	115.2	15091	0.5	7545.5
(Post 5 Year)	131	113.2	13091	0.5	1545.5
Heart Post-					
Transplant	131	11.0	1447	0.9	1302.3
Malignancy Form					
Lung Candidate	65	39.0	2534	0.9	2280.6
Registration	0.5	37.0	2334	0.7	2200.0
Lung Recipient	65	29.6	1923	1.4	2692.2
Registration		27.0	1723	1	2072.2
Lung Follow Up	65	25.8	1677	0.5	838.5
(6 Month)		23.0	1077	0.3	030.3
Lung Follow Up	65	97.9	6364	1.1	7000.4
(1-5 Year)		77.5		1.1	, , , , , ,
Lung Follow Up	65	64.6	4201	0.6	2520.6
(Post 5 Year)					
Lung Post-	~ ~	1 ~	00	0.4	20.6
Transplant	65	1.5	99	0.4	39.6
Malignancy Form					
Heart/Lung		0.7	4.0	1.1	50 6
Candidate	63	0.7	46	1.1	50.6
Registration					
Heart/Lung	<i>(</i> 2	0.2	21	1 4	20.4
Recipient	63	0.3	21	1.4	29.4
Registration					
Heart/Lung Follow	63	0.3	20	0.8	16.0
Up (6 Month)					
Heart/Lung Follow Up (1-5 Year)	63	1.5	97	1.1	106.7
* ` '					
Heart/Lung Follow Up (Post 5 Year)	63	3.1	194	0.6	116.4
Heart/Lung Post-					
Transplant	63	0.2	12	0.4	4.8
Malignancy Form	0.5	0.2	12	0.4	4.0
Liver Candidate					
Registration	136	88.6	12048	0.8	9638.4
Liver Recipient	136	47.5	6457	1.3	8394.1
Liver Recipient	130	77.3	0737	1.3	0377.1

Dogistration					
Registration					
Liver Follow-up	136	229.4	31194	1.0	31194.0
(6 Month – 5 Year)					
Liver Follow-up	136	254.6	34622	0.5	17311.0
(Post 5 Year)	130	254.0	3+022	0.5	17311.0
Liver Recipient					
Explant Pathology	136	12.2	1665	0.6	999.0
Form					
Liver Post-					
Transplant	136	13.1	1786	0.8	1428.8
Malignancy	100	10.1	1,00	0.0	1.20.0
Intestine Candidate					
	41	4.4	182	1.3	236.6
Registration					
Intestine Recipient	41	2.7	109	1.8	196.2
Registration					
Intestine Follow					
Up (6 Month –	41	13.3	547	1.5	820.5
5 Year)					
Intestine Follow					
Up (Post 5	41	13.5	553	0.4	221.2
Year)					
Intestine Post-					
Transplant	41	0.6	25	1.0	25.0
Malignancy Form	71	0.0	23	1.0	23.0
) ,					
Kidney Candidate	235	161.2	37880	0.8	30304.0
Registration					
Kidney Recipient	235	71.9	16904	1.3	21975.2
Registration		,			
Kidney Follow-Up	235	376.3	88422	0.9	79579.8
(6 Month – 5 Year)	255	370.3	00+22	0.7	17317.0
Kidney Follow-up	235	2427	90770	0.5	40295 O
(Post 5 Year)	233	343.7	80770	0.3	40385.0
Kidney Post-					
Transplant	235	17.9	4213	0.8	3370.4
Malignancy Form	233	17.5	.210	0.0	3370
Pancreas					
Candidate	135	3.5	479	0.9	431.1
	133	3.3	419	0.9	431.1
Registration					
Pancreas Recipient	135	1.9	259	1.1	284.9
Registration					
Pancreas Follow-					
up (6 Month –	135	10.4	1398	1.0	1398.0
5 Year)					
Pancreas Follow-					
up (Post 5	135	13.4	1804	0.5	902.0
Year)					

Pancreas Post-					
Transplant	135	0.8	108	0.6	64.8
Malignancy Form					
Kidney/Pancreas					
Candidate	13	98.5	1280	0.9	1152
Registration					
Kidney/Pancreas					
Recipient	135	5.6	760	1.1	836.0
Registration					
Kidney/Pancreas					
Follow-up (6	135	33.4	4509	1.0	4509.0
Month – 5 Year)					
Kidney/Pancreas					
Follow-up (Post 5	135	47.9	6465	0.6	3879.0
Year)					
Kidney/Pancreas					
Post-Transplant	135	1.6	211	0.4	84.4
Malignancy Form					
Vascular					
Composite					
Allograft	16	0.9	15	0.4	6.0
Candidate					
Registration					
Vascular					
Composite	16	0.9	15	1.3	19.5
Allograft Recipient	10	0.9	13	1.3	19.3
Registration					
Vascular					
Composite	16	0.9	15	1.0	15.0
Allograft Recipient	10	0.9	13	1.0	15.0
Follow Up					
Total	456*		460414		358092.5

^{*}Total number of OPTN member institutions as of 09/9/2014. Number of respondents for transplant candidate or recipient forms based on number of organ specific programs associated with each form.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

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